epiphyses, whether strain, sprain, or disjunction should be recognized and treated as fractures because of their importance in the growth of the bones and because epiphyseal injuries often predetermine infections, typically tuberculous. Diagnosis may be established clinically by the mechanism and "wincing" tenderness. If deformity exist it is unjustifiable to elicit further signs of fracture. Roentgenograms are of corroborative value, but by no means the final arbiters. Their chief value is in showing the degree of deformity and its presence after reduction. Owing to the delicacy of the radius and ulna in childhood fracture is the rule, while contusion and sprain are the exceptions. Treatment is begun by the administration of an anesthetic if deformity exist. Otherwise a carefully prepared and padded splint (or splints) is applied firmly and without undue pressure. Roentgen-ray control of reduction is important. Massage and passive motion are adapted to the individual case. The splints must be removed as soon as there is firm union. Operation is indicated only when conservative treatment is admittedly a failure. It will seldom be necessary. The inlay method of Albee should be used instead of an array of metal fixtures.

Ureteral Calculi; Special Means of Diagnosis and Newer Methods of Intravesical Treatment.—GERAGHTY and HINMAN (*Surg., Gynec. and Obst.*, 1915, xx, 515) base their observations on 67 cases from the urological clinic of the Johns Hopkins Hospital. They say that the symptoms of ureteral calculus are not diagnostic and are insufficient to definitely determine either its presence or position except in rare instances. While radiography is the simplest and probably the most valuable single diagnostic method for the detection of ureteral calculi, even in the most expert hands, a surprisingly large percentage (22.4 per cent.) may be undetected by it. This large percentage of failures demands the employment of supplementary methods before excluding stone with any degree of positiveness. By means of collargol ureterograms a calculus occasionally will be shown which the simple Roentgen-ray failed to reveal. The employment of the wax-tipped catheter is by far the most accurate method for the detection of ureteral calculi, and this method should be in more general use. In 6 out of 30 cases of ureteral calculi (20 per cent.) seen in the last two years, it has located a stone where repeated roentgenographs were uniformly negative. Owing to the great frequency of extra-ureteral shadows in the region of the pelvic portion of the ureter, diagnosis of ureteral stones in this region cannot be accepted without confirmatory information. A considerable number of stones which enter the ureter pass spontaneously, and the discovery of a small calculus is not always an indication for immediate operative interference. Unless the stone is blocking completely or producing repeated and violent colic, simple and manipulative methods should first be employed, For calculi beyond the juxtavesical portion, displacement with the ureteral catheter, injection of oil or the securing of relaxation of the ureteral wall by using the thermocatheter may, in certain cases, result in the expulsion of the stone. When the stone is in the vesical portion of the ureter, cystoscopic procedures should usually be successful. A study of these cases, as well as different series reported in the literature, shows that a considerable portion (14.3 per cent., Geraghty and Hinman; 17 per cent. of

204 cases, Jeanbrau) of ureteral calculi are arrested in the intramural portion of the ureter—a portion which can be readily reached by cystoscopic methods. These methods, therefore, have an increasing field of usefulness.

Periosteal Regeneration of Bone.—SMITH (*Surg., Gynec. and Obst.*, 1915, xx, 547) says the following conclusions are drawn from considerable experimentation carried on at several different institutions, some under very adverse conditions and others under favorable circumstances. The results obtained were absolutely contradictory to each other. This clearly demonstrates that the cellular elements of the stripped periosteum are dependent upon a varying personal factor. It is possible at the present time to vary the end results according to certain technique; the periosteum stripped quickly and with a sharp periosteotome will produce bone in a greater percentage of cases if young animals are used than if fully developed adult animals are employed. Likewise a greater percentage of positive results will be obtained with periosteum which is stripped slowly and with an elevating action of the periosteotome than when the periosteum is quickly torn loose from the compact bone. A very large percentage of positive results can be obtained by using very young animals and small strips of periosteum. Fibrin is a very active stimulant to osteoblastic activity. In the clinical utilization of these facts, many important factors must be taken into consideration with respect to the end results desired; *i. e.*, stage of bone development; care with which the subperiosteal resection is performed; ample allowance should be made for satisfactory conditions suitable to fibrin formation and a generous supply of blood to the part provided for.

The Nervous System and Abdominal Affections.—THIES (*Mitt. a. d. Grenz. geb. d. Med. u. Chir.*, 1915, xxvii, 415) says that in diseases of the intestinal tract one often observes enlargement or diminution and usually a difference in the size of the pupils, or in the opening between the eyelids. The further oralwards the disease in the intestine, the less frequently is the difference in the pupils or eyelids found, and the further rectalwards the disease, the more frequently. These eye symptoms are found with especial frequency in diseases of the organs supplied by the sacral-autonomous nerves, as in the large bowel, the genital organs and the urinary bladder. The difference in the pupils is found more frequently than in the opening of tbe eyelids, especially in diseases of the upper intestinal tract. A difference in the pupils or opening of the eyelids is only rarely found in affections of the kidneys. It is likewise usually absent in affections of the gall bladder without participation of the large bowel. The difference in the pupils or opening of the eyelids disappears, as a rule, after the removal of the local abdominal focus of disease or it is diminished. Occasionally one finds later a reverse difference.

Management of the Convalescent Stage of Hip Disease.—PACKARD (*Amer. Jour. Orthop. Surg.*, 1915, xii, 666) says that he has seen many cases of hip disease in the past year, where thc treatment had been discontinued while the patient was in the convalescent stage. These